

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004534

FILED  
Jul 16, 2008  
Secretary of State

Entity Name: JEWISH EARLY CHILDHOOD PROFESSIONALS OF BROWARD, INC.

**Current Principal Place of Business:**

5890 SOUTH PINE ISLAND ROAD  
SUITE 700  
FT. LAUDERDALE, FL 33309

**New Principal Place of Business:**

5890 SOUTH PINE ISLAND ROAD  
FT. LAUDERDALE, FL 33328

**Current Mailing Address:**

5890 SOUTH PINE ISLAND ROAD  
SUITE 700  
FT. LAUDERDALE, FL 33309

**New Mailing Address:**

5890 SOUTH PINE ISLAND ROAD  
FT. LAUDERDALE, FL 33328

FEI Number: 26-0508423      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

COHN, ALAN B  
100 WEST CYPRESS CREEK ROAD  
SUITE 700  
FT. LAUDERDALE, FL 33328 US

**Name and Address of New Registered Agent:**

COHN, ALAN B  
100 WEST CYPRESS CREEK ROAD  
SUITE 700  
FT. LAUDERDALE, FL 33309 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

07/16/2008

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BERGER, LAURIE  
Address: 9730 STIRLING ROAD  
City-St-Zip: COOPER CITY, FL 33024

Title: D ( ) Delete  
Name: SHERMAN, SANDY  
Address: 4807 S. FLAMING ROAD  
City-St-Zip: COOPER CITY, FL 33330

Title: D ( ) Delete  
Name: TOKAR, MARNEY  
Address: 11301 W. BROWARD BOULEVARD  
City-St-Zip: PLANTATION, FL 33325

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARNEY TOKAR

Electronic Signature of Signing Officer or Director

MS.

07/16/2008

Date